POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	20591	119
CI.P.E. CLASSIFIER	1 / / / / / /	49	1/21/99
FORMALITY REVIEW	DMIL	69169	7-28-95
4	- Li		10-26-60

100 mg

INDEX OF CLAIMS

/	Rejected	N	Non-elected
=	Allowed	- 1	Interference
-	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

- (Inrough numeral) Canceled A								
Claim Date	Claim Date	Claim	Date					
Final Original State (2) 5 14 62 7	Final Original	Final						
1114 41	51	101						
2207=	52 53							
3 3 0 3 =	54	103						
5 5 7 3/3/1	55	105						
	56	106						
16 KO TV V I I I I I I I	57	107						
7 8 0 11	58	108						
8 9 00	59	109						
9 16 00 PO	60	110						
11 12 10 0	62	111						
	63	112						
12 13 , O O	64	113	 					
17 15 V[V	65	115						
15 15 15	66	116						
17(3) V =	67	117						
1713 77	68	118						
13 19 OV	69	119						
19 20 00	70	120						
2021 00 21 22 VO	71 72	121						
22 23 00	73	122						
	74	124	 					
24 25 V	75	125						
25 26 (1	76	126						
	77	127						
0 (20) / 74 / 75 / 75 / 75 / 75 / 75 / 75 / 75	78	128						
30	79	129						
31	80 81	130						
32	82	131						
33	83	133						
34	84	134						
35	85	135						
36	86	136						
37 38	87	137						
39	88	138						
40	90	139	- 					
41 1	91	140						
- 42 1	92	141						
43 🖟	93	143	╼┼═┼┈┼┈┼┈┼┈┤					
44	94	144	┪					
45	95	145	- - - - - - -					
46	96	146						
47	97	147						
48 49	98	148						
50	100	149	╼┼┼┼┼┼┼┼┼┼					
		150	<u>_i_l_l_i_l_l</u>					

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)